

MAY - 8 2007

PTO/SB/51S (10-05)

Approved for use through 04/30/2007. OMB 0651-0033

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**SUPPLEMENTAL DECLARATION
FOR REISSUE
PATENT APPLICATION
TO CORRECT "ERRORS" STATEMENT
(37 CFR 1.175)**

Attorney Docket Number 51291.81516

First Named Inventor Larren F. Jones

COMPLETE if known

Application Number 09/368,503

Filing Date 08/05/1999

Art Unit 3671

Examiner Name Victor D. Batson

I/We hereby declare that:

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

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I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Robert E.

McClanahan

Inventor's
Signature*Robert E. McClanahan*

Date

03 MAY 07

Name of Second Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Hezekiah R.

Holland

Inventor's
Signature*Hezekiah R. Holland*

Date

3-12-07

☒ Additional inventors or legal representatives(s) are being named on the 1 supplemental sheets PTO/SB/02A or 02LR attached hereto.

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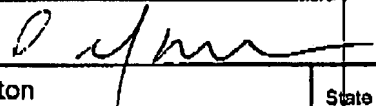
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PTO/SB/2LR (02-07)

Approved for use through 02/28/2007. OMB 0851-0032
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DECLARATION Supplemental Sheet**For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor**Enter Deceased or Incapacitated Inventor's Name Larren F. JonesPage 2 of 2

Name of Legal Representative:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Daniel Thomas		Jones	
Legal Representative's Signature 		Date <u>3/19/07</u>	
Residence: City	Beaverton	State	OR
Country	USA		
Citizenship	USA		
Mailing Address 6955 SW Merry Lane			
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City	Beaverton	State	OR
Zip	97008		
Country	USA		
Name of Additional Legal Representative, If any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
Zip			
Country			
Name of Additional Legal Representative, If any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
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